Authorize a Course Co-requisite

____________________________ ID # _____________ Faculty _____________
(Student name)

The student has our consent to:

☐ enroll in: ______________________________ and: ______________________________
(Course name, number & section) (Course name, number & section)
co-currently, with the understanding that withdrawing from the pre-requisite course requires withdrawal from the requisite course also.

Signatures – to be completed in order

Student: ______________________________ Date: ________________
Instructor (course 1): ______________________________ Date: ________________
Instructor (course 2): ______________________________ Date: ________________
Academic Advisor: ______________________________ Date: ________________
Associate Chair: ______________________________ Date: ________________

**Take a copy/picture for your records and submit original to your Faculty Office (eg. Arts, Science, Education)**